

## Tennessee Ethics Commission

CHECK THE APPLICABLE BOXES	
<input type="checkbox"/> Form Completed by Individual RECEIVING Fee	<input checked="" type="checkbox"/> Form Completed by Individual/Entity PAYING Fee
<input type="checkbox"/> New Disclosure Form	<input checked="" type="checkbox"/> Quarterly Update (Provide date previous Disclosure Form submitted: _____)

### DISCLOSURE OF INDIVIDUAL RECEIVING FEE

DISCLOSURE OF PAYOR	
a. Name of individual or entity paying fee	
Tennessee Bar Association	
b. If different from above, name of individual submitting form on behalf of entity	
Allan F. Ramsaur, Executive Director	
c. Mailing or street address of Payor (room, apt., suite no. and street, or P.O. box)	
221 Fourth Avenue North, Suite 400	
d. City, state, zip code	
Nashville, TN 37219	
e. Telephone	f. E-mail (if available)
(615) 383-7421	aramsaur@tnbar.org

## DISCLOSURE OF CONTRACT AND COMPENSATION

a. Date of Contract	b. Amount of Fee
March 1998	\$15,780
c. Date(s) Services Rendered	
January 1, 2009 - March 31, 2009	
d. General Description of Services Rendered	
To influence legislative or administrative action.	

## AFFIDAVIT

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §§2-10-125 & 126, submitting a Sworn Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Sworn Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Mr. F. R.  
Signature

7/8/09  
Date

Sworn to and subscribed before me this 8th day of April in Davidson county,  
Tennessee:  
2009

[Signature]  
Signature of Notary

Affix Notary Seal Here

Notary Registration No. \_\_\_\_\_

